



22882

Refund Ref:
08/06/2008

0030059515

Credit Card Refund Total: \$1050.00

PTO/SB/30

Am Exp.: XXXXXXXXXXXX2004

Request For Continued Examination (RCE) Transmittal	Application Number	10/808,242
	Filing Date	24 March 2004
	First Named Inventor	SOMMER, S.
	Group Art Unit	1733
	Examiner Name	Maki, S
	Attorney Docket Number	22882

This is a Request for Continued Examination under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 filed _____.
- ii. ☐ Consider the arguments in the Appeal Brief or Reply brief filed _____.
- iii. ☐ Other _____.
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____.
- 12/07/2007 HLE333 00000055 10808242
- 01 FC:1801 810.00 DP

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months.
- b. ☐ Other _____.

3. Fees

- a. ☐ The Director is hereby authorized to charge the following fees or credit any overpayments to deposit account 18-2025.
- i. ☐ RCE-fee required under 37 CFR 1.17(e).
- ii. ☐ Extension of time fee under 37 CFR 1.136 or 1.17
- iii. ☐ Other _____.
- b. ☐ Check in the amount of \$_____.
- c. ☒ Payment by credit card (PTO-2038 attached).

SIGNATURE OF ATTORNEY

Name	Andrew Wilford	Reg. No.	26,597
Signature		Date	5 December 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the the United States Postal service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, Box RCE, Washington, D.C. 20231 on: 5 December 2007.

Name	Elsie Reyes	EM155714446
Signature		Date 5 December 2007

Adjustment date: 08/06/2008 CXLOR
12/07/2007 HLE333 00000055 10808242
01 FC:1253 -1050.00 DP

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: 08/04/08		2 Serial/Patent # 10808242								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
X	Extension of Time		12/05/07	\$ 1,050.00						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
			7 TOTAL AMOUNT OF REFUND	\$ 1,050.00						
			8 TO BE REFUNDED BY: CC							
10 REASON:			Treasury Check							
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
X	No Fee Due (Explanation):									
paid unnecessary extension of time fee										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: Joan Olszewski		TITLE: Petition Examiner								
SIGNATURE:		PHONE: 571-272-7751								
OFFICE: Office of Petitions										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED:		DATE: 8/16/08								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**